Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	03/26/2010	Address:	707 E 5 th St
Case #:	<u>34F36186</u>		English, IN
County:	Crawford		<u> </u>
Type of Laboratory Seizure (check one)		Seizure Location (check all that apply)	
_	onal Lab cal/Glassware/Equipment (only) ite (only)	Residence Outbuilding Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other:
Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply) Lithium/Ammonia Reaction(s): Red Phosphorous/Iodine Reaction(s): Flammable Solvents: Kitchen Water Reactive Metal (Lithium): Anhydrous Ammonia: Hydrochloric Acid Gas Generator(s): Kitchen Corrosive Acid: Corrosive Base: Other (item and location):			
Child under age 18 discovered (check one) ☐ Yes 2 (number present) ☐ No *If yes, fax report to Child Protective Services This report is to be faxed to the following agencies		Investigative Information ☐ Ephedrine/Pseudoephedrine Tracking Log ☐ Retail/Merchant Tip ☐ Other:criminal investigation cies that serve the location:	
Fire Depart	tment: English Vol	Fax:	
Health Department: Crawford Co		Fax: Fax:	
Child Prote	ection Service: <u>Crawford Co</u>		-
For further information regarding this methamphetamine laboratory, contact Investigating Officer: <u>David Qualkenbush</u> Phone <u>812-482-1441</u>			

- This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.
- This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.